STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185438	A. BUILDING _____ B. WING _____	08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE RICHWOOD	1012 RICHWOOD WAY LA GRANGE, KY 40031

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS **Amended An abbreviated survey (KY23634) was initiated on 08/04/15 and concluded on 08/06/15. This was a Minimum Data Set (MDS) 3.0 Focus/Staffing Survey. Deficient practice was identified with the highest scope and severity at "E" level.	F 000		
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement.	F 278		8/31/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/24/2015

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This REQUIREMENT is not met as evidenced by:
Based on interview, record review, and review of the Resident Assessment Instrument (RAI) User Manual Version 3.0 it was determined the facility failed to ensure two (2) of ten (10) sampled residents (Residents #4 and #6) were accurately assessed to reflect a Urinary Tract Infection and an active diagnosis of a Wound Infection.

The findings include:

Review of the RAI manual, last updated 2015, revealed item I2300 Urinary Tract Infection (UTI) had a look-back period of thirty (30) days for an active disease instead of seven (7) days. This area of the assessment was to be coded only if all of the following were met: diagnosis of a UTI in the last 30 days by a physician, nurse practitioner, physician assistant, or clinical nurse specialist or other authorized licensed staff as permitted by state law; exhibition of sign or symptom attributed to UTI, which may or may not include but not be limited to fever, urinary symptoms (e.g., peri-urethral site burning sensation, frequent urination of small amounts), pain or tenderness in flank, confusion, or change in mental status, change in character of urine (e.g., pyuria); "Significant laboratory findings" (the attending physician should determine the level of significant laboratory findings and whether or not a culture should be obtained); and current medication or treatment for a UTI in the last 30 days.

Continued review of the RAI manual revealed in Section I: Active Diagnoses that the items were

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intended to code diseases that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitor, or risk of death.

1. Review of Resident #4's medical record revealed the facility readmitted the resident on 07/10/15 with diagnoses that included Left Middle Cerebral Artery Stroke, Hypertension, Atrial Fibrillation, and Hyperlipidemia. Review of the 14-day Medicare Required Prospective Payment System (PPS) Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 07/24/15 revealed item I2300 UTI was not checked that Resident #4 had a UTI in the past 30 days.

Continued review of the medical record revealed a Physician's Telephone Order dated 07/15/15, for a urinalysis and culture and sensitivity (C&S) due to symptoms of lethargy and decreased voiding. Review of an order dated 07/15/15, revealed an order for Rocephin (antibiotic medication) 1 gram intramuscularly (IM) for three (3) days for increased white blood cell count. Continued review of the Physician's Orders dated 07/18/15, revealed an order for Macrobid (an antibiotic) 100 milligrams (mg) two times a day for ten (10) days. Review of the C&S report, dated 07/18/15 revealed Escherichia Coli (E-Coli) greater than 100,000 colony forming units (CFU)/milliliter (ml).

Interview with the Registered Nurse (RN) MDS Coordinator on 08/06/15 at 10:45 AM, after reviewing the medical record, revealed Resident #8 had the symptoms, significant laboratory results, the treatment, and the Physician's

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diagnosis of a UTI. She stated UTI should have been coded on the 07/24/15 MDS.

2. Review of Resident #6's medical record revealed an admission date of 06/10/15, with diagnoses that included Rhabdomyolysis, Cellulitis and Abscess of other specified site, and Scoliosis. Review of the Admission/5-day Medicare Required PPS MDS assessment with an ARD of 06/17/15, revealed item I2500 Wound Infection was not checked that Resident #6 had a wound infection in the past seven (7) days although Resident #6 was still being treated with an antibiotic.

Continued review of the medical record revealed an order dated 06/12/15, for Bactrim DS by mouth for seven (7) days related to the pus-filled area on the resident's left medial ankle and an order for a C&S. Review of a Nurse's Note dated 06/15/15 revealed, "Wound culture positive for Staph" (Staphylococcus Aureus) and "Sensitive to Bactrim."

Interview with the MDS Coordinator on 08/05/15 at 2:10 PM, revealed the MDS Coordinator who had completed that assessment was no longer employed by the facility. The MDS Coordinator further stated she was not sure if she would have coded I2500 Wound Infection, but she would have probably talked with the Wound Care Nurse.

During an interview with the Wound Care Nurse on 08/05/15 at 2:20 PM, she stated the area on the resident's left ankle was raised and draining on 06/15/15, and that the drainage looked like pus. She stated she received an order for the antibiotic, an order for the C&S, and for treatment.

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F 278	Continued From page 4 Interview with the Director of Nursing on 08/04/15 at 5:00 PM related to coding of the MDS revealed the MDS should be coded for the wound, as per the RAI manual.	F 278		
F 356 SS=E	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.	F 356		8/7/15

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This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and review of the facility's policy, it was determined the facility failed to post the nursing staff data daily as required. Observations revealed the nursing staff data posted was not current and did not correlate with the number of staff that was actually working in the facility.

The findings include:

Review of the facility's policy titled "Staffing Policy Statement," undated, revealed the facility provided adequate staffing to meet needed care and services for their resident population.

Observation on 08/04/15 at 10:10 AM revealed the nursing staff was posted on both Hall A and Hall B. Further observation revealed the posted staffing information did not accurately reflect the nursing staff on duty for the current day. Continued observation revealed the 24-hour staffing information that was still posted on 08/04/15, was dated 07/14/15.

Interview on 08/04/15 at 10:55 AM with Licensed Practical Nurse (LPN) #2 revealed the posted staffing should be updated daily and it should be correct. She stated it helped everyone to know who was in the facility.

Interview on 08/04/15 at 10:58 AM with the Staffing Scheduler revealed she was responsible for making sure staffing was posted on each hallway. She stated she was not sure why she failed to have the current staffing posted.

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F 356	Continued From page 6 Continued interview revealed posted staffing should have the current date of 08/04/15. Interview on 08/06/15 at 10:35 AM, with the Director of Nurses (DON) revealed her expectations were for all staff to follow the regulations and keep current 24-hour posting visible and accessible for anyone that wishes to review it. The DON further stated the staffing that was posted and dated 07/14/15 was not accurate and should have been changed daily to reflect the name of the facility, date, and number of staff. Further interview revealed it was important for everyone to know how many staff was in the building.	F 356		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must	F 441		8/31/15

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isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This STANDARD is not met as evidenced by:
Based on observation, interview, and review of the facility's policy it was determined the facility failed to establish and maintain an effective infection control program to help prevent the development and transmission of disease and infection. The facility failed to ensure two (2) of six (6) medication carts remained clean and protected from contamination as noted by staff having personal drinks on the cart as well as on two (2) of two (2) nurses' stations.

The findings include:

Review of the facility's policy titled "Infection Control-policies and practices," revised 08/2014, revealed the objective of the facility's infection control policies and practices was to: a) prevent, detect, investigate and control infections in the

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facility, and b) to maintain a safe, sanitary and comfortable environment for personnel, residents, visitors, and the general public.

Observations on 08/06/15 at 8:35 AM, revealed Licensed Practical Nurse (LPN) #4 was passing medications on the 600 Hall with a large paper cup with a dark liquid in the cup sitting on the medication cart.

Continued observations revealed while LPN #5 passed medications on the 200 Hall a cup of coffee was observed on the medication cart.

Observations on Unit A revealed two (2) personal cups on the desk at the nurses' station. Observation of the nurses' station on Unit B revealed two (2) staff members' cups on the nurses' station desk.

Interview with LPN #4 on 08/06/15 at 8:35 AM revealed she was passing medications on the 600 Hall on 08/06/15. LPN #4 further stated her cup should not have been on the medication cart. She stated it was not okay for her drink to be on the cart, it was an infection control issue.

Interview with LPN #2 on 08/06/15 at 8:40 AM revealed she passed medications for the 100 Hall. LPN #2 stated that staff members' drinks were not allowed on the medication cart because it was not sanitary.

Interview with LPN #5 on 08/06/15 at 8:45 AM revealed she had the coffee on the medication cart while passing medications on 08/06/15. LPN #5 stated it was against policy to have the drink on the medication cart due to infection control.

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F 441	Continued From page 9 Interview with the Director of Nursing (DON) on 08/06/15 at 9:00 AM, revealed staff members' drinks were not allowed on the medication carts. She stated twist lid cups could be at the nurses' station but they should be out of sight, such as in a drawer. The DON stated the Infection Control Nurse was on vacation and was not available for interview. Interview on 08/06/15 at 9:15 AM, with the Unit A Coordinator which included the 100 Hall, 200 Hall, and 300 Hall revealed drinks should not be on the medication carts or at the nurses' station because the drinks could spill and get all over papers. She stated it could probably be an infection control issue also. The Unit Coordinator stated it was everyone's responsibility to monitor for infection control issues. Interview with the Unit Coordinator for Unit B which included the 400 Hall, 500 Hall, and 600 Hall on 08/06/15 at 9:20 AM revealed no drinks were allowed at the nurses' station, nor were staff members' drinks allowed on the medication carts.	F 441		